

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40917  
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**1. PLACE OF DEATH**

County Pemiscot Registration District No. 114  
Township Godair Primary Registration District No. 5869  
City (No. ....) St. .... Ward)

**2. FULL NAME** Melissa Viola James

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 1884.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
49 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Squire Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Jane Baskins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Harvey Womble  
(ADDRESS) Swift, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Portageville, Mo DATE Dec., 10th, 1933

19. UNDERTAKER (ADDRESS) Portageville, Mo

20. FILED 12/10/33 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Dec. 9, 1933  
I last saw her alive on Dec. 9, 1933 Death is said to have occurred on the date stated above, at 1:20 P.M.  
The principal cause of death and related causes of importance were as follows:

Preliminary Tuberculosis Date of onset

Other contributory causes of importance: 23

Name of operation Final Exam Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify Yes  
(Signed) Dr. Baskins M. D.  
(Address) Portageville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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